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Bib Data Sheet

CONFIRMATION NO. 8548

|   |   |                                   |   |   |                                |
|---|---|-----------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/523,946  | <b>FILING OR 371(c) DATE</b><br>04/04/2005<br><b>RULE</b>   | <b>CLASS</b><br>713               | <b>GROUP ART UNIT</b><br>2131   | <b>ATTORNEY DOCKET NO.</b><br>BMA-05-1023 |                                |
| <b>APPLICANTS</b><br>Olivier Emsellem, La Celle-Saint-Cloud, FRANCE;  |   |                                   |   |   |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FR02/02829 08/08/2002<br><br><b>** FOREIGN APPLICATIONS *****</b><br><br><div style="text-align: center;"><b>** SMALL ENTITY **</b></div>   |   |                                   |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>15   | <b>TOTAL CLAIMS</b><br>12                 | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>035811  |   |                                   |   |   |                                |
| <b>TITLE</b><br>Mechanical device for connection and disconnection between a data input and a data output   |   |                                   |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>645   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |